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FRACTURE OF THE TIBIA AND FIBULA, WITH INJURY TO THE POSTERIOR TIBIAL NERVE. GIVING RISE TO GRAVE AND UNUSUAL SYMPTOMS.

BY G. W. NESBITT, M.D.,
Of Sycamore, Ill.

By a perusal of the case of "fracture of the humerus, with injury to the musculo-spiral nerve," reported by Dr. O. B. Ormsby, of Murphysboro, Illinois, I am reminded of a case, similar in some respects, which occurred in my practice several years ago. As I had never met with a case of the kind before, and as I was unable to find any similar cases reported, I took notes of the case, with the intention of reporting it at some future time. But like many another busy practitioner, more intent on relieving suffering, and "keeping the wolf from the door," than enlightening our brethren, I have neglected the matter until this late day. And had it not been for Dr. Ormsby's article in the REPORTER of December 8th, it might have slept in my note-book for another decade.

I shall present the case without advancing any theories as to the cause of the various symptoms, and without commenting on the treatment, as to take into consideration and discussion all the questions suggested by the case would necessitate the extending of this article far beyond its proposed limit.

CASE.—May 20th, 1868. Six o'clock p.m., was called to see D. H. McC., farmer, age 46,

who had been injured by a team running away with a harrow.

Found an oblique fracture of the tibia, at about its middle, and fracture of the fibula three inches higher up. The fracture was evidently caused by a direct blow on the front of the leg, as the fragments were driven backward; and there was a contused wound of the soft parts over the spine of the tibia at the point of fracture, making it compound. Set the bones, and applied side splints; left the patient feeling comfortably.

May 21st, one o'clock p.m. Found patient in a state of wild delirium. The nurses (two very intelligent men) informed me that he had rested well all night, and they had found it necessary to give him but two one-fourth grain doses of morphine sulph., as he had slept about three hours. At three o'clock a.m. he had complained of slight nervous twitchings at the seat of the injury, when they gave him the first dose of morphine (one-fourth grain). At six o'clock he complained of cramps in the right hand and arm, and for the first time began to show signs of delirium, talked incoherently and seemed confused, but complained very little of the injured limb. When I saw him at one o'clock he was in a copious perspiration; pupils dilated, and eyes staring wildly. Pulse varying at short intervals from 84 to 100 per minute. The thumbs were contracted into the palms of the hands; and occasional contractions of the pectoral muscles; deglutition was performed with difficulty. Gave hyd. sub. mur. \mathfrak{ss} , applied sinapisms to back of neck, and down the spine, with cold to the head.

At 7 o'clock p.m. invited Dr. O. M. Bryan to

see the patient with me. Found him completely comatose; breathing stertorous; pulse 100, full. Removed splints and all dressing from the leg, and applied extension, steady and continued for several hours, in hopes of liberating any nerve that might be injured or pressed between the fragments. Applied warm fomentations to the limb, continued cold to the head, and repeated the dose of hydrargyrum submuriate, one scruple.

May 22d, 8 o'clock, A.M. Called Drs. Bryan, Garvin and Mayo in consultation. Found patient in about the same condition: comatose; breathing stertorous; pulse 100, full. Prognosis very unfavorable. Passed a catheter and drew off about two pints of urine. As the bowels had not moved, administered, with some difficulty, two ounces of Epsom salts. Applied sinapisms to the entire length of the spine, also to the upper extremities and chest, as well as to the uninjured leg. At 9 o'clock A.M. gave potassium acetate, two drachms, and oleum tiglli, two drops. I remained with him till evening, giving oleum tiglli every hour. At 7 o'clock P.M. had given thirty drops of the oil, and warm, stimulating enemas, to the amount of several quarts, and all, apparently, to no purpose. Left the patient at 7 o'clock, with directions to repeat the dose (4 drops) of oleum tiglli in two hours, if the bowels should not have moved by that time.

At eight o'clock P.M. a messenger came to inform me that the medicine had commenced operations, as thorough and persistent as its administration had been kept up through the day.

23d, five o'clock, A.M. Patient shows signs of improvement; notices friends, and is apparently conscious of what is going on around him, but is unable to speak so as to be understood. Respiration more natural; pulse 80; soft and regular; swallows without difficulty; gave stimulants and gruel in moderate quantities.

From this time on his recovery was steady but slow. For several days after he was able to converse upon any business affairs he could not speak a proper name, and studied to avoid them in conversation, with much the same tact that a lunatic will, at times, hide the signs of his insanity. And for nearly a month he described things as being "turned around." For instance, all the teams passing along the road troubled him exceedingly; as he could not be convinced that they were not driving diagonally across his corn field, instead of in the road.

Union of the bones was delayed for some time, on account of the attack; and it was not till the end of the ninth week that the splints could be removed with safety.

Recovery of the limb was complete, with the exception of a paralysis of the parts supplied by the posterior tibial nerve, below the point of fracture, which I think supports the opinion that I have always held in regard to the case, that the grave symptoms above noted were due to a puncture, laceration, or some other injury to the nerve at the time the bone was fractured. And in this respect I believe the case to be similar to the one reported by Dr. Ormsby.

ON RESECTION OF THE HUMERUS.

BY FRANKLIN HINKLE, M.D.,
Of Columbia, Pa.

CASE I.—O. Kelchner, aged about twenty-five years, employed by the Reading and Columbia Railroad Company as brakeman on a freight train, January 5th, 1869, received a severe injury while switching off cars at Silver Springs, Pa. The bumper was icy, and he slipped, and was violently thrown to the ground, causing a fracture of both bones of the forearm, and a compound comminuted fracture of the humerus of the same, about its centre. The whole arm was badly contused. His arm received a temporary dressing, and he was taken to his home in Reading, where it was properly attended to by his physician. The fracture of the forearm, with injury to the wrist, made a good recovery in a reasonable period; but the union of the fractured humerus proved unsuccessful, keeping up a constant suppurating discharge, which, at last, was more or less ichorous. This constant drain upon the system, together with the agonizing pains in the injured arm for the past four months, ended now in a general inflammation of the entire arm. May 1st, this patient presented himself at my office to ascertain if anything further could be done for his relief. A careful examination was made, and the following opinion was given: Believed both ends of fractured bone to be necrosed, and detected a piece of bone lying like a wedge between the two fractured ends, which, evidently, was the true cause of non-union.

Patient informed me that a number of small pieces had been removed by his physician. He was informed that, if the bone was not dead

too high up, a resection could be made, and he might again have a useful arm. Otherwise amputation would be necessary. Patient communicated my opinion to G. F. Gage, Esq., superintendent of Reading and Columbia Railroad Company, who desired the operation of resection to be performed. May 5th, patient being properly prepared, was etherized. Made an incision about six inches long on posterior part of arm, through the triceps muscle, and bringing into view the entire seat of injury, with the wedge-shaped piece of bone between the two ends of the humerus, which I removed. I then removed the necrosed superior end of the humerus at the surgical neck, with the chain saw, and also part of the inferior dead end, brought the surfaces of the bone together and secured them with silver wire, drilling two holes through the edges of the bone, then closed the wound with wire sutures. The entire arm was then placed in a tin splint, suspended by cords and pulley from the ceiling; thus his arm could be observed daily without any unnecessary handling. From this time he gradually improved and permanently recovered with a good, useful arm. Accompanying this is his photograph, taken ninety days after the operation, showing the advantages of a splint that I had made to wear as a valuable protector after such important sections, to prevent any future injury in the daily risks of his work. The chief advantage is that there is no danger from compression of important vessels of the arm.

CASE 2.—Christian Stolzhusz, aged 26, a farmer of New Holland, Lancaster county, Pa., while attempting to fell a tree, was caught by one of the limbs and pinioned to the earth.

Upon being released, it was found that he had a simple oblique fracture of the humerus, a little above the middle third, with severe contusion and laceration of the arm. His family physician being called in, rendered him all necessary aid, but, unfortunately, the case terminated in an ununited fracture, which was of fourteen months' standing when he presented himself at my office for examination and opinion, February 7th, 1877.

The opinion was based upon the following conditions, viz.: If the superior end of the bone was necrosed above the surgical neck of the humerus, and the inferior fractured and necrosed too low down, amputation would then be an inevitable necessity. Thus he had, first,

the advantages of the greatest boon in surgery—its conservatism—by exsection and resection of the diseased tissues, leaving the patient with a useful arm or limb, that years ago would have been unnecessarily amputated. Secondly. Amputation, from extensive disease of the bone and tissues involved. Thirdly. To prevent pyæmia, which occurs in such cases, often causing our greatest disappointment by the sudden chill and death of our patient.

The patient left my office, saying that he would return again and give me his decision.

On February 20th, 1877, he returned, and I successfully performed the operation of resection. After he was thoroughly etherized, I made a longitudinal incision of five inches along the anterior border of the triceps muscle, etc., bringing into view the necrosed ends of the bone. In the superior portion the bone was found necrosed high up into the surgical neck. Fully two inches of each end were removed with the chain saw, and Brainard's drill was used, making oblique openings through the ends of each bone, and then the ends were brought into close apposition and secured by silver wires. The wound, also, was secured by silver sutures.

The arm was then laid in a tin splint or trough, with roller applied over it, and suspended, as in Case 1; but finding the under part of the arm daily bathed in pus, I used my new splint, with entire satisfaction.

I think it is one of the greatest acquisitions, in the practice of surgery, to be able to devise the best appliances to suit each case, as no work on surgery could give them in detail. Therefore I consider it my duty, as well as my great pleasure, to bring to the favorable notice of the medical profession a splint and principle that has afforded me unbounded success, both in my private practice and during the late war, in which I served nearly four years. It is a wire splint, which any tinner can make in half an hour, made to fit the entire upper surface of the arm, and at any required angle. I had two made, at different angles, in order that I might change the position of the elbow joint. I use strong, galvanized wire, making the splint the full length of the arm, with convex cross-bars. It is placed upon the arm, and a piece of tin, five inches long by four inches wide, and perforated, is placed on the under surface of the arm, to prevent any gravitation

of the bone. The splint is then held in place by broad, adhesive strips, and a roller applied from the hand to the shoulder, with cotton interposed at the shoulder joint, while the wound is covered with a rag saturated in glycerole carbolic acid. A roller applied to support the splint and arm, completes the dressing. Then, with simple cords attached to a pulley suspended above the bed, the arm hanging free, the patient can sit up or lie down at pleasure, and the arm can be dressed at any time, without the removal of the splint.

At the end of thirty days I found that the bones had become sufficiently united to allow the removal of the wire, and at the end of the eighth week union was complete, so that the patient could support the arm.

June 9th had a steel splint made for him at Kolbe's, which completes this case, and gives him the benefit of a useful arm.

On August 25th the patient made his final visit to my office. He expressed himself entirely satisfied with the use of the splint, and says that his arm is daily gaining strength, and that he can lift weights of from eight to ten pounds. I am happy in thus being able to present two successful cases of conservative surgery.

ONANISM.

BY. W. STUMP FORWOOD, M.D.,
Of Darlington, Md.

The clinical lecture upon "Sexual Exhaustion," delivered before the students of the University of Pennsylvania, by Professor H. C. Wood, Jr., and published in the *MEDICAL AND SURGICAL REPORTER*, December 22d, 1877, attracted my attention, and was read with interest and instruction.

The lecture contains one statement, however, that occasioned some little surprise, coming from so astute an author and lecturer. That is, he makes no distinction between the terms onanism and masturbation. He uses these words: "Sexual exhaustion may be due to two causes, viz., excessive venery and onanism, or masturbation. There may be, perhaps, a slight difference in the meaning of these latter terms, but I shall use them synonymously." (Why?) If we interpret the Scriptures intelligibly, according to my comprehension, there is a very wide difference in the meaning of those terms.

Masturbation is a *solitary* practice, while onanism is a *dual* act. This distinction is not made among the laity, but we look to our medical teachers for absolute precision in such matters.

Our attention was first directed to the medical definition of onanism by a sprightly little editorial article which appeared in the pages of the *North American Medical and Chirurgical Review*, Philadelphia, in either the year 1857 or in 1858, of which the distinguished Professor S. D. Gross was the editor, and, presumably, the author of the article in question. I regret that I have not a copy of the said journal at hand, for quotation. The substance of the matter is, however, indelibly impressed upon my memory.

The writer of the article referred to (supposed to be Dr. Gross) had satisfied himself as to the sense in which the term onanism was used, through researches into the ancient records. He stated that it was very clear from the original account of onanism, that Onan copulated with his wife up to the moment of ejaculation, and then, by withdrawal, "spilt his seed upon the ground."

The scriptural account of Onan and his deeds is to be found in Genesis, xxxviii. 3. "And she conceived and bare a son; and he called his name Er. 4. And she conceived again, and bare a son; and called his name Onan. 5. And she yet again conceived and bare a son; and called his name Shelah: and he was at Chezib, when she bare him. 6. And Judah (their father) took a wife for Er, his first-born, whose name was Tamar. 7. And Er, Judah's first-born, was wicked in the sight of the Lord; and the Lord slew him. 8. And Judah said unto Onan, go in unto thy brother's wife, and marry her, and raise up seed to thy brother. 9. And Onan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother. 10. And the thing which he did displeased the Lord: wherefore he slew him also."

While we find it very clear, from the perusal of the foregoing passages, that masturbation is not referred to, for Onan would not "go in unto his brother's wife" for that purpose, still the translators have shown unnecessary modesty in not explaining exactly what their meaning was. Indeed, in point of modesty, and utility also, for that matter, the entire chapter might

have been omitted, so far as instruction or good morals are subserved.

The writer in the *North American Medical and Chirurgical Review* stated that it was a law among the ancient Hebrews for a brother to marry his brother's widow, whether congenial to his affections or not, and that his property should not only be divided among his own children by his brother's wife, but equally among his brother's children also, to the detriment of his children by the wife of his choice. But should he have no children by his brother's wife, then the law did not regard the marriage as consummated, and therefore his brother's children were not entitled to any portion of his property. This is the substance of the version of the motive, so far as I can remember, which induced Onan, after going unto his brother's widow, to "spill his seed upon the ground."

The entire history of the case, without considering the motive that induced Onan to act as he did, precludes all idea of masturbation (or solitary practice). Evidently the marital duties were performed to the last moment, when the withdrawal took place, to avoid conception.

If these definitions of the two terms under consideration are correct, as we believe them to be, then it will be apparent that there is no analogy between them, except in results, and that they should always be used with a view to their separate significations. Certainly there are means in the reach of those versed in the history and the laws of the Hebrews of verifying or disproving our definition of onanism.

It would be exceedingly gratifying to myself, and doubtless would be to every reader of your journal, to have a more precise explanation of these illy understood terms, through your columns, from the pen of America's great surgeon, Professor S. D. Gross. If there be any foundation for the definition of onanism as we have given it, and as derived from the authoritative source aforementioned, it is surprising indeed that such a learned author and such a celebrated lexicographer as the renowned Dr. Dunglison, in his *Medical Dictionary*, decidedly the best and most complete of its kind in our language, should have fallen into the error of defining onanism by simply one word, "Masturbation."

This subject is manifestly worthy of the attention of those learned in the lore of the ancients, and it is to be hoped that that attention will be accorded to it.

PHYSICAL EXPLORATION OF THE RECTUM, IN DISEASE OF THE PROSTATE GLAND.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, Ohio.

The following case came under my observation in October, 1877, and is narrated on account of its interesting features, from a diagnostic point of view:—

Mr. C., a gentleman between 23 and 24 years of age, consulted me relative to the importance of certain symptoms which he had been led to believe were indicative of serious disease of the terminal portion of the intestinal canal. He has enjoyed the best of health since a child, and although a resident of a city since his thirteenth year, when he was thrown upon his own resources and deprived of the restraints of family associations, he has been abstemious and regular in his habits. Eighteen months ago, however, he contracted a urethritis, which was never very severe. Seven or eight months since the discharge assumed a gleet character, which now troubles him but rarely. In August, 1877, he went to the country to spend a few weeks. While away from business at this time, he took part in a hunting and fishing expedition into the wilds of West Virginia. Necessarily exposed to the inclemency of the weather, as he was at this time, he soon began to suffer from pain along the urethra and behind the pubes, although no discharge of any importance developed. His testicles became tender, and the whole perineum grew sore. This condition of his genito-urinary system determined him to return home, but a certain amount of additional exposure was inevitable, and that sufficed to develop a lancinating, throbbing pain, deep in the fundament. The pain grew so distressing that he left the cars at Charleston, on his return from the Falls of Kanawha, and took passage home by boat. A few days' rest made him feel much better, but he was utterly unable to resume business. Standing for any length of time induced a very severe pain; the same was true when he sat for more than a few minutes without changing posture. Evacuating his bowels was another serious trial; he generally had to lay down immediately after performing that function. If the feces were at all hard, a throbbing, stinging pain would be excited. Sometimes he had trouble in passing water, and occasionally

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would be compelled to wait for an hour or two before he could relieve himself.

The eight weeks which had elapsed from the time he was attacked in the mountains until he saw me was a period of great mental and physical distress; he lost flesh and appetite, grew despondent, and consulted numerous physicians. When I saw him, he manifested surprise when I said that a rectal examination was necessary, and it was not until his second visit that he consented. Immediately within the ring of the sphincters, my finger came in contact with a large, soft protuberance, and in manipulating to pass it the patient gave a start, the obstruction seemed to subside, and a profuse flow of extremely offensive pus compelled me to desist from further exploration. The patient was at once placed on a chamber vessel, and passed fully two-thirds of a pint of pus, streaked with blood. The next afternoon the examination was repeated, and I found that the abscess communicated with the right lateral lobe of the prostate. No pus passed *per urethram*, and no trouble was experienced in evacuating the urine. The importance of quietude was explained to the patient, and he was directed to take an ounce of cod-liver oil three times a day, and after each passage to wash out the rectum with a teacupful of warm water to which thirty drops of the tincture of the chloride of iron had been added. Also, for the first week, whenever he felt any inclination to evacuate the contents of his bowels, he was at once to inject a half pint of warm olive oil. The last information I received from this patient was on the fifth of December, 1877. He then wrote that his progress had been steadily toward health, since my second examination; that he had followed my directions to the letter, and that his bowels moved at least twice a day for the first week, and never caused him the slightest pain. For a few days, he passed pus, and a little blood; this soon subsided, he began to gain strength, and within a month from the bursting of the abscess he was back at his old place in the store, entirely free from pain and discharge. His last inquiry was as to the necessity for continuing the oil, when he seemed in such robust health. Of course I directed him to discontinue it, now that it was of no benefit.

This case illustrates very decidedly the necessity for rectal examinations in other diseases than those which implicate the terminal portion

of the large intestine. The importance of this method of physical exploration in uterine, vaginal and ovarian diseases is so generally recognized that it needs no words from me. But the case is different in males; in general practice it is but little resorted to, and in certain instances, when used, its advantages are not appreciated, simply because the observer has not previously familiarized himself with the relations of neighboring parts. In diseases of the prostate gland rectal exploration is absolutely indispensable. Its importance in all diseases of the walls of the rectum need not be dwelt upon now. But in any event, whether the finger is passed for the purpose of discriminating the various affections of this part of the intestine, or to diagnose diseases of the prostate gland, a preliminary acquaintance with the size, situation and tactile qualities of all the structures that can be felt with the exploring finger should be acquired by whoever treats diseases of this part of the human organism. In connection with the foregoing case, therefore, a few remarks relative to rectal exploration in diseases of the prostate gland which simulate affections of the rectum of an obscure character, may not be out of place. But first, as to phenomena of a tactile character which can be appreciated by the exploring finger when the prostate gland and contiguous parts are in a healthy state.

In order to successfully explore the cavity of the rectum, the patient should be on his back, so that the surgeon can use his left forefinger. The finger, properly lubricated, should be gently insinuated through the anal orifice, and carried as far as possible into the rectal cavity. When this maneuver is properly executed, the surgeon will have two phalanges beyond the constricting band of sphincter fibres free to move along the intestinal walls. As the point of the finger passes through the muscular ring at the anus, the bulb of the urethra can be felt immediately within the sphincter, and in the median line on the anterior wall of the rectum. The anterior wall of the rectum recedes just within the sphincters; at this point the bulb of the urethra can be felt, and just beyond it, also in the median line, the membranous portion of that canal can be recognized. As the finger is inserted more and more, its pulp comes in contact successfully with the apex of the prostate, the body of that organ, and lastly, the yielding vesical walls beyond. The body of the pros-

tate gradually widens out, after its apex is passed; the course of the urethra through it can be detected by the depression which marks the central union of the two lateral lobes, and the internal limit of the organ can be determined by the interlobular notch, which can be readily felt in health. If the finger be carried laterally from the urethral depression, the outlines of each lateral lobe can be traced, and their size, form and resistance appreciated. The aid of a sound may sometimes be required; when one is inserted, the chestnut-like form of the prostate becomes very strongly marked. With a little more compression of the perineum of the patient, by the closed fingers of the left hand, the surgeon will be enabled to trace the outlines of the seminal vesicles, and judge of their tactile qualities in health.

In disease of the prostate the surgeon determines the pathological changes it has undergone by the modifications in shape and consistence which he can recognize with his finger. A prior study of the relations of the part in health is, therefore, a matter of the greatest importance in diagnosis. Not long since a patient was sent me for operation, by a professional friend, in whose case prolapsus of the rectal mucous membrane had been developed by a chain of causes, the first link of which was an enlarged prostate. Of course, no operation, however carefully performed, could have cured, or even relieved for any length of time, a prolapsus so induced. The interference with micturition led to violent efforts to empty the bladder, and developed the prolapsus. Little attention was paid to the intestinal trouble at the time; in fact, the connection between the two lesions had never been noticed by the patient. When he was up and about, the prolapsus caused him pain and annoyance. When he was laid up with the agony incident to retention from prostatic congestion, the defect at the anal orifice was not thought of. Therefore, when he went to his physician for permanent relief from the annoying prolapsus, the latter did not have his attention drawn to the connection between the prostatic hypertrophy, and the relaxation of the rectal mucous membrane, but advised an operation, and sent the patient to me for relief. In the case to which these remarks are appended several skillful medical men gave the patient advice, but none of them diagnosticated abscess of the prostate. And I must state, in this connection, that how-

ever clear the chain of symptoms seems, as I have detailed them, yet the strong preconception the patient entertained, that he was suffering from disease of the lower bowel, led him to slur over all that pertained to the original urethral disease, and to dwell at length upon the idea that he had an ulcer of the bowel. In neither of the foregoing cases could a mistake have been made had a rectal exploration been resorted to. The last sentence recalls to my mind a case in which scrofulous disease of the vesiculæ seminales escaped my thoughts in a patient I treated for a long time, without either benefiting him or determining what ailed him. Some trifling circumstance directed attention to the rectum, and a physical examination revealed the cause of all the obscure vesical and genital symptoms.

A CASE OF DIABETES MELLITUS. RECOVERY.

BY C. C. SCHUYLER, M. D.,

Assistant Surgeon, Troy Hospital, New York.

The patient was a professional man, aged 40 years. He states that for several years, from three to five, before becoming acquainted with the nature of his malady, he had been tormented with an excessive thirst and was aware of the frequent passage of large quantities of urine, which he attributed to the enormous quantities of fluid taken to assuage the thirst. To these symptoms he paid but little attention, and did not consult a physician until a feeling of great lassitude and languor incapacitated him for performing his usual amount of professional labor. The patient had theretofore been a healthy, robust man, of good habits, accustomed to much exercise, weighing nearly two hundred pounds. Upon being questioned by his physician, it was discovered that in addition to the increased and frequent micturition and excessive thirst, his skin was dry and harsh, and that for a long time he had been unable to sweat. The urine was of a pale straw color, of a specific gravity of 36°, upon agitation becoming frothy, and emitting an odor of cut grass or hay.

It was soon after this that the patient came under my observation. At this time the torments of an unquenchable thirst became almost unendurable; the patient swallowing, at frequent intervals, every conceivable kind of liquid; tea, coffee, beer, soda water, milk, etc.,

were indiscriminately consumed, the sum total averaging from four to six gallons in twenty-four hours; no relief, however, being obtained from this enormous consumption of fluid. The most violent exercise in midsummer failed to excite perspiration. Turkish baths were resorted to with no effect. He became uneasy, restless, and prostrated, and began to lose flesh rapidly. Here a variety of concomitant symptoms intervened. He became afflicted with phimosis, and was compelled to submit to an operation which afforded, however, only temporary relief, being followed by an elongation and swelling of the prepuce, a condition nearly as bad as that previous to the operation, which, by the way, was merely a slitting up of the prepuce.

An eczematous eruption over the corona glandis now made its appearance, occasioning the most intolerable itching, and necessitating constant friction over the parts, for temporary relief. Permanent relief was finally obtained from injections under the prepuce of solution of extract golden seal. Like Job, there seemed to be no limit to his sufferings, for there now appeared a crop of anthrax and furuncululi. These were followed by a pustular eruption appearing in the nostrils, the ends of the fingers, and the feet. Near the heel of one foot there came what at first bore a striking resemblance to a "stone bruise," causing a sharp pain when stepped upon. Great swelling, and the formation of a deep-seated abscess followed, occasioning great suffering, and necessitating the use of crutches for some months. Three of the incisor teeth became loosened and dropped out, though previous to the disease they had been in perfect order. Although in this case there was no serious impairment of vision, as is often seen in the diabetic, the patient for a long time suffered from diplopia. He became greatly emaciated, decreasing in weight from 195 to 128 pounds.

The greatest lassitude pervaded the whole system; for weeks and months he was unable to leave the house, and spent most of the time in a recumbent position, destitute of the necessary strength and energy to sit up or dress himself. During this time the immoderate thirst and augmented urinary secretion continued. At several periods he endured the strict regimen of the meat treatment. While confined to this diet the disease was not progressive, but the patient did not regain his

strength, and was still emaciated. He says that, in his opinion, but few persons can have the fortitude to continue the diet for more than a few days; that he is convinced that while it will not cure the disease it will hold it in abeyance, and mentions an instance when, having for two months confined himself strictly to the diet, he visited a friend in the country, and that from 9 A.M. until 4 P.M., on the day of his visit, he micturated three times, but having imprudently eaten a hearty dinner of a variety of farinaceous food, including potatoes, the immoderate micturition commenced, and continued at intervals of less than half an hour.

The muscles of the thighs, in the end, became affected; there was want of power of co-ordination, and they were painful, "feeling," he said, "as if they had been beaten."

At this period of his suffering the patient heard of the "medicinal qualities" of the water from Bethesda Spring, at Waukesha, Wisconsin. After using the water at home for a short time, he determined to visit the spring. It was with the greatest difficulty that he was able to perform the journey, and it was only after a rest of two days at Chicago, that the patient finally reached his destination. The difficulty in his legs had increased to such an extent that he was now unable to walk, and was confined to his bed for ten days.

A constant use of the water produced the most marked results. He perspired freely; the intolerable thirst ceased, and the use of his limbs gradually returned, and at the end of nine weeks a careful analysis of the urine failed to show the presence of sugar. The specific gravity was normal.

The patient at this date (December 25th), weighs 175 pounds, and in conversation with him at my office, a day or two since, he expressed himself as cured. He certainly has the appearance of being a man in perfect health.

From personal observation of this case, I consider the recovery most remarkable. Every other known treatment had been assiduously carried out, and signally failed. The gentleman is of a discerning mind, and not likely to be led into error, and attributes his cure solely to the use of Bethesda water, an opinion which I share with him. I have not reported the case to advertise the virtues of a proprietary mineral spring. If this water is a therapeutic agent, why should the profession not know it?

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

Reported for the MEDICAL & SURGICAL REPORTER.

Fracture of the Femur.

This little boy has fallen and broken the left thigh bone pretty high up. You see here shortening, preternatural mobility and very evident deformity at the seat of fracture. Manipulation of the fragments gives at once crepitation, which serves to establish the diagnosis. The shortening in fracture of the thigh is often more apparent than real; it may be so in this instance. We determine the amount of shortening by measuring the distance from the anterior superior spinous process of the ilium to the internal malleolus, and comparing the length of the fractured side with that of the sound side. The broken limb is not likely to be more than an inch shorter than the sound one. The shortening is here, however, fully an inch. I infer from this that the fracture is oblique. They say an inch is an extraordinary amount of shortening for a child. We have here, then, a fracture, very oblique, occurring at the middle of the thigh, with jutting upward and displacement forward of the upper portion, as in all cases of fracture of the middle. This is caused by powerful muscles drawing upon the upper fragment, pulling it upward and forward, and must be always guarded against. The case shall be treated by extension. I wish you to notice the manner in which the adhesive strips are put on. You see they extend along the inner and the outer aspect of the limb from the heel to a little distance above the seat of the fracture. If the strips are found to be only a little too long, that is, if they extend only an inch above the fracture, they need not be cut off. These longitudinal strips are confined by several narrower transverse strips. This pulley will be put on the foot of the bed, and the weights, say six pounds, will be placed in the cage and connected to the block beneath the sole of the foot by means of a cord passed over the pulley. A bandage is next placed over the adhesive strips, extending fully up to the seat of the fracture. Owing to the shrinking of the limb this may need to be reapplied in a few days. In cold weather the adhesive strips need not be frequently changed, but in the warm season it may be deemed advisable to change them at intervals of two or three days. Counter-extension in these cases is sufficiently made by the weight of the body, especially if the foot of the bed is elevated, and the limb is steadied by sand-bags laid along the sides of the thigh.

Epithelioma of the Wrist.

This young man is suffering from a carcinomatous ulcer, situated superficially on the palmar and ulnar aspect of the left wrist. This form of carcinoma is called, from the structure involved, epithelioma. You will notice that the margin is everted, eaten, or

gnawed in appearance. The position is unusual. Epithelioma deviates less from the normal structure than any other malignant growth. It might, therefore, be called less malignant than the other forms of carcinoma. Under the microscope the cells have the appearance of the epithelial cell. In the epithelial cell there is a resemblance to skin and mucous membrane, and we find it is pre-eminently a cancer of the skin and mucous membranes. Causes of irritation, such as smoking, etc., may give rise to it; cutting the tongue by a sharp tooth, or a deposit of soot on the scrotum, or about the margin of the anus or the prepuce, as in the case of chimney sweeps, may be the exciting cause of this disease. This case so much involves the adjacent structures that I should prefer to amputate, but the patient is unwilling to submit; I shall therefore excise it.

The Esmarch bandage is put on the limb, and the patient is etherized, after which the ulcer is dissected out by cutting away some portion of the sound tissues. The ulcer is two inches broad by three inches in a lateral direction. We should expect to find in such a cancerous growth, large cells with large nuclei. We use, for convenience in the dissection, the Esmarch bandage, not as originally constructed, but substituting a band of pure, elastic rubber for the elastic web. Instead of the narrow, constricting tube of Esmarch, I have also introduced a broader and flat elastic band. Thus modified, the bandage is kept by all the instrument makers, and is even sold at most of the drug stores. The old web soon became soiled by discharge, and was then undesirable. We used to wear out one web after another until finally we got into the habit of using the plain rubber and we have never had occasion to deplore the change. If it should become soiled, it can be washed easily, and is again fit for use. Now, I have dissected out this ulcer. No large veins are involved, and we shall expect no troublesome hemorrhage. We shall put on a compress and oiled lint, and make some pressure, which will control whatever hemorrhage may ensue. * * * * *

The ulcer proved intractable, and finally the patient was obliged to allow amputation.

Extraction of Cataract.

The first patient whom I shall bring before you this morning, is one upon whom I propose to perform a double extraction operation for cataract. This operation consists in the removal of the entire lens from the eye. In former times the one method of operation used was called the "flap operation," because the incision was made so large as really to constitute a flap, the corneal incision involving one half the periphery of the cornea. This was made with Beer's knife, and the lens was drawn out through the pupil. A vastly superior method has been in vogue only for the last fifteen years, and was the invention of Graefe, and is called, after him, "Graefe's

Operation." By the old method the failures were fifty per cent.; but now the smaller corneal incision is associated with iridectomy, and the failure of the operation is much less frequent. If the iris is cut through there is less liability to suppurate than if the lens is extracted through the pupil (necessarily bruising the iris), and, in addition, the corneal incision can be smaller. In the operation of Von Graefe the incision is in the sclerotic, but still keeping anterior to the iris. An incision can be thus made, and not at all involve the cornea. The operation is performed with a narrow knife, which is entered a certain distance into the anterior chamber, then tilted up, and brought out through the sclerotic, just beyond the cornea, making a linear incision much smaller than the old flap.

The next part of the operation is the iridectomy. I prefer using an iris hook to draw out the iris through the first made incision. The part drawn out is cut off, leaving a cleft in the iris through which we reach and extract the lens.

The first object in approaching a case is to ascertain the amount of the opacity of the lens which varies in different cases. The first noticed subjective symptom is a loss of vision or a dimness of vision for distant objects. Soon afterwards the patient loses control of the power of accommodation, because the lens becomes harder and is less under the influence of the ciliary muscle. The patient soon finds that he can see better in semi-darkness than he can in the light. He seems to search his way, as it were, with his eyes closed or shaded with his hand. He can see better with a dilated pupil, and he secures this dilatation by thus shading his eyes. With the ophthalmoscope, or oblique illumination we can at once detect the opacity. You will see striæ or segmental lines. The deposition of opaque matter on these somewhat Y-shaped lines is an early manifestation. These segmental lines are not always seen, or are, it may be, only partly developed; thus you may see a stellate appearance or radiated lines extending from the centre, or lines extending from the periphery toward the centre of the pupil. Look for these lines in examining a case. You can make a prognosis by the width and the number of the lines. The progress of cataract varies in time, from a few months to years. If the lines are thin the probabilities are that it is a case of slowly developing cataract; if the lines are thicker, whether few in number or abundant, it is a sign of rapid development. If there are a few radial lines, a few only and wide, the development will be rapid; it will be completed in a few months.

I said I would perform the double extraction operation. We do not often do this. We often find that the patient has one moderately good eye; then we prefer to operate on the blind eye first, so that it will be well before we operate upon the other. This patient comes here from a distance, and if I sent him away after operating on one eye, he would not likely find it convenient to return; hence, since he is in

good condition, I will operate on both eyes, if everything seems favorable after extracting in one eye. The patient, a man, beyond middle age, has had cataract of both eyes for three years. I have been inclined to modify the Graefe operation, and make the incision corneal, entering the knife in the outside of the cornea, and bringing it out at the other side, thus making the incision at the top of the cornea. We used to make a conjunctival flap, to cover the wound when employing the sclerotic incision, but we find that it is a disadvantage to use a conjunctival flap. It is apt to bleed and thus produce practically a foreign body in the anterior chamber of the eye. We can assure the patient that the operation is not a painful one, and requires no anæsthetic.

First, to secure the eye in position with the fixing forceps, seize the tendon of the internal rectus. The conjunctiva is a yielding tissue and I want a secure grasp; then I make the corneal incision, using a sharp knife slightly oiled. The patient is directed to look toward his feet. This knife I have modified so that it is broader and thinner than Graefe's. The assistant, you see, elevates the eyelid without touching the ball; I tip down the lower lid with my finger. The incision is made. Now the iridectomy. I draw out the iris with the iridectomy hook, and excise a portion. Now I have free access to the lens capsule, which I lacerate with the cystotome, and then, by pressing, cause the lens to slip through the corneal wound. This cataract is over-ripe, that is, the nucleus is exceedingly hard, while the periphery has undergone degeneration and become softened. He has, as you have seen, little self-control, so that I shall not operate upon the other eye to-day. He closes the eyes too tightly. Before dressing the eye we shall put a drop of atropia in it. We shall tie his hands to-night, lest while asleep he rub his eye, and do harm. I wish you to notice how the assistant puts on this dressing. Pieces of black silk adhesive plaster are put on the upper lid, one over the other, so as to stiffen the upper lid and make it act as a splint. This method of dressing I devised some years ago. It makes the upper lid immovable, and is in fact a splint. One shall also be put on the other eye, to guard against sympathetic action. Compare the percentage of bad results by the old method, and then see the advantages accruing from the modern operation. By the former, from thirty to fifty per cent. were followed by loss of the eye or poor vision, while by the new method we should not lose over four or five cases out of a hundred. * * *

A week later the patient was again presented, and, with appropriate lenses before the eye, could see quite plainly at a distance, and also could read; the focusing power of the eye being destroyed by the removal of the crystalline lens, it was, of course, necessary to use a lens of higher power when the patient read than when he merely wanted to see objects around him.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hepatic Abscess Successfully Treated by Carbolic Inhalations.

The following case is reported in the *British Medical Journal*, by Dr. P. Sheehy:—

The patient, a gentleman aged 40, when in China, twenty-one years ago, had suffered from dysentery, and has since then thrice been jaundiced. On April 9th, 1877, he was taken ill with inflammation of the liver, suffering intense pain, but no jaundice. Of this he was apparently well at the end of May, except for a slight pain in the right side. On July 6th, however, after violently coughing, an immense quantity of "putrid matter," in all about a pint and a half or two pints, was brought up. The discharge continued for a week, and then entirely ceased until the end of August, when it occurred again from time to time until early in October, when it became almost constant. On October 22d, when he was first seen, the discharge varied in amount, being about nine ounces daily; it was fetid, blood-stained, sometimes clotted, and purulent. The physical signs were, a marked bulging in front, below the right nipple for about three inches, extending into the axilla and slightly posteriorly; increased vocal fremitus; impaired resonance; crepitation; cavernous breathing and voice-resonance; all these signs being most marked in front and in the axilla. The liver was felt about one inch and a half below the ribs in the right mammary line; its edge was hard. There were no other signs in the chest, either of lungs or heart.

The treatment for a week consisted of mineral acids and opium; but at the end of that time the patient was decidedly worse. Carbolic acid (half a drachm in half a pint of hot water) was then directed to be inhaled night and morning for ten minutes; and, after two inhalations only, a marked improvement took place, both in the character and quantity of the sputa and the constitutional symptoms. Since the eighth day of treatment by these inhalations, only a little sputa, and that chiefly of mucus, has been brought up in the morning. At the end of another week the patient was apparently well, went out, and has been exposed to all kinds of weather since. No bulging is now (November 26th) noticed, nor crepitation heard; and the other physical signs, especially posteriorly, have greatly improved, in fact, are only such as would be expected.

Among the many interesting features of the case are: 1. The diagnosis, which can scarcely be otherwise than that of an abscess connected with the liver, hepatic or peri-hepatic, and not

any affection of the lung; 2. The contraction, though not yet complete, of the cavity of the abscess, as shown by the physical signs; and 3. The rapid improvement and recovery after the commencement of the inhalation of carbolic acid, the change being almost as marked as a crisis in pneumonia.

Iodide of Potassium Eruption.

Dr. Tilbury Fox read a paper upon this subject, at a late meeting of the Clinical Society of London. After a brief review of what was at present known concerning the toxic action of iodide of potassium in inducing eruption of the skin, the author related the particulars of two cases. In them, a few doses of the iodide produced an acneiform rash, which gradually developed into what, at first sight, appeared to be a bullous eruption, the bullæ varying in size from a pea to a shilling and more, but which it was contended was a modified phase of acne, the iodide, as in the case of the bromide, stimulating the sebaceous glands and their surrounding parts to an excessive degree, so that, as a consequence, altered serum (*i. e.*, liquid) was rapidly poured out, causing rapid elevation of the cuticle, and giving rise to the appearance of ordinary bullæ, with opalescent contents. In some instances, these bullæ-like bodies had burst, and given place to fungoid masses. The author drew attention to the fact that patients in whom this disease was produced must be regarded as possessing a peculiar idiosyncrasy as regarded the iodide, and that the rash resembled closely that induced by the administration of bromide of potassium, in some cases.

The Use of Turpentine in Diseased States of the System, of an Acute Character.

Mr. R. Persé White, Surgeon to the Meath Hospital, Dublin, writes to the *British Medical Journal*:—

So long ago as 1860, I was led to try the use of turpentine in a case of typhoid fever in a young lady, which had run a course of twenty-eight days without extreme severity. The diarrhoea was not severe, and was kept in check by acetate of lead, with small doses of opium.

On the twenty-ninth day of the patient's illness, in fact, on the first of her convalescence, the symptoms had all abated, and she seemed to have overcome her illness. On the thirtieth day, on visiting her, I found her in a state of terrible excitement. There was some cause, but not enough, to account for her state. Fearing mischief, I at once sent for a leading physician from Dublin. He advised the use of turpentine, but his advice was based on the

view that there was uræmic poisoning; for, during his visit, she had severe convulsive movements of her face. The urine was scanty; it was tested, but did not show any morbid condition. On the thirty-first day her night was terrible, with violent raving and restlessness; no sleep. On the thirty-second day she was in a worse state and almost collapsed. The sphincters were failing. The turpentine mixture had been continued since the consultation, but there was no benefit from it. She died that night.

In this case, the turpentine was given for the head symptoms. The next cases in which I used turpentine were various, and at different stages of the disease. In my earlier practice, and in hospital practice, in 1873, when I acted as physician to the Meath Hospital, in the absence of my colleague, Dr. Stokes, and of his colleague in the medical wards, I had at least one great case which showed the value of turpentine in typhoid fever. Here the chest was, in the latter stage of the fever, attacked with severe bronchitis, the bowels being much too free at the same time. The attack of bronchitis was intense, of the form common at that time; but after the second day she rallied, and passed on to complete recovery. I saw her in health long afterwards. Bronchitis was for some years an almost constant attendant on typhoid, and often the cause of death.

My mode of giving the turpentine was as follows. If bronchitis were present, and even if diarrhoea complicated the case, I gave what was known as my turpentine mixture—

R. Terebinthinæ olei,	3ij
Liquoris potassæ,	3ij
Mucilaginis acaciæ,	3iv
Syrupi papaveris albi,	
Syrupi floris aurantii, 3a	3viii
Aquæ camphoræ, q. s. ad	13viii.

Fiat mistura. A tablespoonful to be taken every fourth hour, the bottle being first shaken.

Since I commenced that treatment, I have never lost any case of typhoid, from either bronchitis or diarrhoea, or from its sequelæ of ulceration or hemorrhage.

Dilatation of the Urethra by the Urine.

In the *Bulletin de Thérapeutique* of September 30, Dr. Berenger-Féraud recurs to this mode of treating stricture, which he had already advocated on former occasions. Originally devised by Brunnighausen in 1794, it fell into disuse after some successes had been obtained. Dr. Berenger-Féraud has persevered in giving it a full trial, and regards it, in suitable cases, as a valuable procedure. It consists in compression being exerted just behind the glans by the patient each time just before he passes urine, so that none issues until the canal has undergone dilatation by its presence in it. The practice is to be perseveringly repeated, and then, as numerous cases show, may prove very efficacious. From the trials that have

been made it results—1. That dilatation so produced, performed after a gonorrhoea of some duration, may act as a prophylactic of stricture. 2. In stricture that has not advanced very far, if it do not restore the calibre of the urethra to its normal dimensions, it does so sufficiently to render micturition easy. 3. After urethrotomy it is a useful means, if not for preventing, at least for retarding, the return of the stricture. 4. It may prove of some service in varices of the prostate, neck of the bladder, and membranous part of the urethra. 5. Another class of cases benefited arises when the course of the urethra more or less deviates from its normal direction, in consequence of enlarged prostate in aged persons. The small quantity first ejected from the bladder, if retained a while in the urethra by compression, greatly facilitates the evacuation of the remainder.

Treatment of Eczema in Children.

Mr. J. Dixon remarks on this subject, in the *British Medical Journal*, that the treatment in this disease must be topical, for the relief of local irritation. The local treatment that he has always employed and found successful, has been directed to the exclusion of air and the prevention of desiccation, thus alleviating local distress. The scabs that form from drying of the exudations are, perhaps, one great cause of keeping up the disease. For the purpose of maintaining constant moisture, he frequently employs a plan recommended by the late Professor Bennett. A piece of lint, saturated in a very weak alkaline solution (thirty grains of bicarbonate of soda to a pint of pure water), is applied to the part affected, and covered with oiled silk or gutta-percha tissue. The dressing is changed twice a day. This mode he has employed with universal success in adults. The only case in which he has used it in youth was in that of a girl, thirteen years of age, where the disease involved the whole of the face; a cure was effected in about a fortnight. But in addition to the local treatment, the patient had three-minim doses of Fowler's solution thrice daily. Another form of local treatment that he employs is the use of a lotion consisting of oxide of zinc, ninety grains, glycerine, half a fluid ounce, water, to eight fluid ounces. This to be applied twice daily, and the part to be covered by lint and gutta-percha tissue. Of internal remedies, arsenic in the form of Fowler's solution is given, either simply in water, or in conjunction with other tonics and alteratives, as iron and iodide of potassium. He also, in many cases, gives cod-liver oil.

Employment of Pilocarpin in Childhood.

Professor Demme, of Bern, says the *Medical Times and Gazette*, states that he has employed the muriate of pilocarpin by the subcutaneous method, using a 2 per cent. solution in 33 children from the ages of nine months to twelve

years. Of these 18 suffered from desquamative nephritis and dropsy consequent on scarlatina; 3 from diphtheria without scarlatina, but with consecutive parenchymatous nephritis and a high degree of dropsy. Of the other 12 cases, 2 had dropsical effusion from heart disease, and 3 rheumatism affecting several joints. As a general rule, only one injection per diem was employed, and in children between the ninth month and the second year the dose of pilocarpin employed was gramma 0.005; between the second and sixth years from 0.0075 to 0.01; and from the seventh to the twelfth years 0.01 to 0.025. The general conclusions drawn from these cases are, that pilocarpin exhibits its sialogic and diaphoretic properties in a very marked manner in childhood, and that it is very well borne at the tenderest age in the above doses, its sialogic effect being more prominent in the younger, and its diaphoretic effect in the older children; that any unfavorable after-effects, even in the youngest children, were quite exceptionable, and were preventable by administering minute doses of brandy prior to the injection; and that no influence on the action of the heart was perceptible. The cases best adapted for its employment are desquamative parenchymatous nephritis with dropsy, following scarlatina, diphtheria, etc. A beneficial diuresis in most of the cases ensues, the quantity of albumen which the urine contains never being increased, but rather diminished.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"Plastic Splints in Surgery," is the title of a reprint from the *Boston Medical and Surgical Journal*, from the pen of Dr. Henry O. Marcy. He counts the use of plastic splints in fractures as ranking with the antiseptic treatment of wounds, and together constituting the two greatest advances in modern surgery. The following extract gives the method of manufacture he prefers:—

After using almost every variety of texture, I have chosen the cheapest bleached cloth of the market; this is thoroughly soaked and boiled, to remove the dressing of the finisher, and then is rough dried. The plaster must be freshly calcined and carefully protected from the absorption of moisture from the atmosphere. Four or five thicknesses of bandage are usually sufficient; this may, in some cases, be wisely reinforced by narrow strips of roughened tin, to strengthen and prevent cracking. Lastly, continue the extension until the plaster sets or hardens, which, with good material, will take place in about ten minutes;

then lay the limb uncovered upon the bed, and leave it exposed to the air until it dries. I have seen a good splint spoiled by inclosing it under the bedclothes, and packing hot-water bottles about it, thus keeping it for hours moistened in a steam bath, in the attempt to dry it quickly.

—Setting forth the merits of Aiken, South Carolina, as a health resort, in both winter and summer, we have a pamphlet of thirty-two pages, compiled from the writings of Drs. Geddings & Coffin, of that village. It contains a large amount of information of the soil, climate, and health advantages of that favored spot; but that Aiken should have any peculiar precedence over many other locations on the highlands of North and South Carolina does not appear. While there is no doubt that pure air, good water, and a temperate climate will benefit many invalids from the northern cities, we have never seen any evidence that so slight an elevation as 600 feet has any effect in retarding phthisis analogous to that which certainly is observed at much greater heights—from 3000 feet upward.

—An interesting pamphlet, in its scope, is Dr. J. J. Caldwell's "Review of the Recent Theories of Brain and Nerve Action, the Use of Electricity in Medicine and Surgery," etc. He treats of the action of the nervous system, of the unity of force, the velocity of electricity, the connection between excessive brain worry and bodily disease, the electrolytic treatment of cancers, etc. (pp. 20, from the author, 65 North Charles street, Baltimore).

—The Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons, in its meetings of 1876 and 1877, make a pamphlet of thirty-five pages. Beside the minutes, it contains a description of a typical case of Sensorial Idiocy, by Dr. E. Seguin; a paper on The Organization of Establishments for the Idiotic and Imbecile Classes, by Dr. I. N. Kerlin; on The Prevention of Mental Disease, by Mrs. C. W. Brown, of Massachusetts; and one on The Classifications of Idiocy, by Dr. H. B. Wilbur, of New York. Published by J. B. Lippincott & Co., Philadelphia.

—The Twenty-fifth Annual Report of the Pennsylvania Training School for Feeble-minded Children, at Media, is of peculiar interest, as it is aimed especially to be a circular of information, giving details of the management and interior life of the institution, as

well as a series of answers to the questions most frequently addressed the superintendent by parents and others. The Report should be applied for by all who have such cases under their care. It may be obtained of the Superintendent, Dr. I. N. Kerlin, Media, Delaware county, Pa.

—Diseases of the Nasal Cavity and the Vault of the Pharynx. Translated from the German of Dr. Carl Michel, of Cologne-on-the-Rhine, Specialist in Laryngo- and Rhinoscopic Surgery. With an introduction by E. L. Shurby, M.D., and C. C. Yemans, M.D., of Detroit, Michigan. First American edition. This monograph by Dr. Michel is a valuable contribution to the literature concerning our most common diseases, chronic catarrh, ozena, etc., in this northern latitude.

—Ninety-fifth Annual Catalogue of the Medical School (Boston) of Harvard University, 1877-78. Reprinted from the Catalogue of the University.

—Ovariectomy by Enucleation. By Julius F. Miner, M.D. Extracted from the Transactions of the International Medical Congress, Philadelphia, September, 1876.

BOOK NOTICES.

Diseases of the Nervous System; Their Prevalence and Pathology. By Julius Althaus, M.D., M.R.C.P., London, etc. New York, G. P. Putnam's Sons, 1878. 1 vol., cloth, 8vo, pp. 366. Price \$3.50.

This volume is a portion of an extended study which the author proposes giving to the profession, on diseases of the nervous system. He here treats of the pathology of central nerve lesions, and endeavors to show the laws to which their occurrence and fatality are subject. He defers to his next volume discussions of diagnosis and treatment, as well as the pathology of peripheral nerve diseases.

Thus, of central lesions, he here discusses convulsions, apoplexy, paralysis, cephalitis, epilepsy, hysteria, catalepsy, delirium tremens, tetanus, chorea, hypertrophy and atrophy of the brain, and syphilitic nervous affections.

The peculiarity of this method is the prominence given to the study of the etiology of the diseases from the vital statistics of countries, institutions, and other large bodies. Much

attention is given to the relative mortality of the different sexes from various nervous lesions. The generally quoted authority is the Registrar General's Report. The pathology of cases is closely studied, and mostly given with clearness.

It will be seen that this method is a somewhat novel one, at least in this application, and may bring out results of great interest, especially in the department of State Medicine. As to whether the employment of statistics in this manner is an allowable one is still open to question; but if so employed, the plan of Dr. Althaus is a good one, and his work deserves attentive study.

A Compendium of Diagnosis in Pathological Anatomy, with directions for making Post-Mortem Examinations. By Dr. Johannes Orth. Translated by Drs. F. C. Shattuck and G. K. Sabine. New York, Hurd & Houghton, 1878. 1 vol., cloth. pp. 440, 8vo. Price, \$3.50.

The present manual of pathological anatomy was originally proposed by its author for the officials and students at the University of Berlin. -It gives with succinctness the results of the most recent studies, translating the morbid appearances in accordance with the doctrines of Virchow. While these doctrines are by no means adopted in their totality by other teachers, they certainly are those of the most prominent school of pathology now in Germany.

The plan of the book is briefly as follows:—The cadaver is first subjected to examination by *inspection*, and all that can be learned by this means is stated. Then the observer proceeds to *internal examination*, commencing with the spinal canal, and proceeding to the cranium, the thoracic and abdominal cavities, and the extremities. Under each of these, the various morbid appearances of the several organs and tissues are described, with the significations thus given. A limited number of illustrations are added. The work is very carefully written, and for a practical handbook of pathology to the actual worker is not surpassed by any.

We should have liked either more references to authorities or else a bibliography of recent works on the subject. It is some amend for the lack of this that both table of contents and index are unusually full, the former being almost a synopsis of the book.

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D. G. BRINTON, M.D., EDITOR.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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THE USE OF ALCOHOLIC DRINKS.

The discussion on alcoholic drinks has received several interesting contributions lately.

The eminent ophthalmologist, Mr. ROBERT BRUDENELL CARTER, of London, gives, in one of the London journals, a leaf from his personal history. He has since youth been accustomed to take about an ounce of alcohol daily, in the shape of bitter beer or whisky. On three separate occasions he stopped this allowance, in each instance being in good health and busy at his work. In each case he found his health running down after a few months, and in each case promptly recovered on resuming his accustomed stimulus. His conclusion is expressed as follows:—

"While I fully admit, therefore, that there are many people who can support life without alcohol, I affirm, from my personal experience, that there are some, I know not how many, to whom alcohol is a necessity. I strongly suspect, from the writings and speeches of many total abstainers, that even in cases where abstinence appears to be successful, the nutrition of the centres which are subservient to the higher operations of the mind is less perfect than it might be; and I think it very possible that I might myself exist without alcohol, if I could be content to let my brain lie fallow, and to limit my vital activity to a moderate amount of physical exertion. Again, when I am told, as a result of laboratory work, that alcohol is not food, I reply that the statement is a mistake. I care nothing for the laboratory work, which is exposed to countless sources of error, and I have seen life maintained upon alcohol for months together. Although a chemist cannot tell me how the effect is produced, I shall not reject the evidence of my senses because his knowledge of the process of nutrition is incomplete. I believe what I have seen and felt, and I tell the chemist that he has blundered. It is his business to find out the how and the where."

This is a very sound reply to the chemist, if it is a rather hard one on the "total abstainers." The real effect of alcohol, say in the shape of sound old wine, in exalting and strengthening the mind when exhausted or depressed, cannot be doubted; and for this purpose it has at all times been famous, since the days of Solomon the wise.

Of its pathological effects on mental disease Dr. ERNEST MAGNAN has recently written in

the *Gazette Medicale*. His conclusions are that alcoholism presents different characters, according to the nature of the drinks which have been abused; that alcohol of itself does not give rise to epilepsy; and when this occurs, it depends upon a predisposition in the subject, or upon some other substance than alcohol. The epileptiform attacks in chronic alcoholism do not depend upon the drink taken, but upon the organic lesions which have been already produced in the nervous centres. Special characteristics enable us to distinguish three forms of delirium tremens, the one symptomatic of an injury or of an intercurrent affection; the second, spontaneous, apyretic, and benign; and the third, spontaneous, febrile, and grave. Alcoholism may lead directly to general paralysis, certain terminal lesions of chronic alcoholism not differing from the lesions of general paralysis. Alcoholic insanity is distinct from all other forms of insanity.

From the same country we have some valuable statistics, given in a paper read to the Paris Academy of Medicine, by Dr. LUNIER. He says that in France each inhabitant consumes annually about fifty-two gallons of wine. Cider comes next to wine, but the consumption is gradually decreasing, having fallen off within the last twenty years from forty-two to thirty-five gallons per head annually. M. LUNIER sees no reason to regret the change, for the cider has become so bad that people are obliged to take some wine in order to digest it. Hence, the more cider you drink, the more wine also, and "between the two stools," etc. The use of cider is now confined to the nine northwestern departments. The consumption of beer has gone on steadily increasing for the last fifty years; it is now nearly thrice as great as it was in 1829; but beer drinking is almost entirely confined to the four departments in the vicinity of Belgium. The consumption of alcohol, on the other hand, has gradually and steadily augmented during the last forty years, having risen from two quarts per individual to three

quarts. The general conclusions at which M. LUNIER arrives are:—1. Accidental deaths connected with intoxication are much more frequent in the departments where alcohol is the favorite beverage. 2. The effects of the law against intoxication lead to the same conclusion. Prosecutions under that law are five times more numerous in the departments supplied by spirits than in those where wine constitutes the chief drink. 3. The same remark applies to cases of mental derangement produced by drink. The number is almost everywhere proportionate to the relative excess of alcohol consumed. The only exceptions are found in the departments of La Vendée and Lower Charente, where white wines are the favorite beverage. These, as experience has fully demonstrated, are much more likely to act on the nervous system than red wines.

NOTES AND COMMENTS.

Diuretic Action of Caffein.

Professor Gubler related several cases to the Société de Thérapeutique in proof of this. One of these was that of a man with dropsy from disease of the heart, to whom digitalis had been given with but slight result. After the injection of thirty centigrammes of the bromhydrate of caffein, diuresis commenced on the second day, gradually increasing until four litres and a half of urine were passed. When the injections were arrested, the urine again diminished, to increase again after their resumption. Professor Gubler observed that with caffein the diuresis is abundant and almost instantaneous, while with digitalis the increase of urine only takes place on the second or third day. The citrate or bromhydrate of caffein does not excite any irritation in the cellular tissue. M. Constantin Paul stated that he attached great importance to the state of the pulse in the use of digitalis, and when it fell to sixty he suspended this, as after then, in spite of the continuation of the symptoms, it acts as a poison. Professor Gubler said that with caffein the pulse diminished only a few beats, and became more regular; but as a "tensor" of the circulation, caffein is inferior to digitalis. Even sixty beats are too low for patients to take digitalis who

have disease of the heart. Digitalis should be given only for five days if tincture is employed, but only for three or four days when infusions or macerations are prescribed. Whatever preparations of digitalis be employed, its effect is to determine diuresis, except where there is no dropsical effusion to eliminate, or when there is "imbecility" of the kidney.

Dropsy of the Fœtus.

At a late meeting of the London Obstetrical Society, Dr. John Williams said that what we knew of the production of dropsy in the child was the result of our knowledge of the mode of production of it in the adult. Heart disease never caused in the adult uniform general dropsy. That condition was always the result of a blood state. The effect of central obstruction was to cause œdema of the most distant parts from the heart. In the fetus the placenta would suffer first. This would interfere with the flow of blood through that organ, and dropsy of the fetus in consequence. The placenta acted not only as an organ of respiration for the fetus, but probably also as a renal organ, and anything which interfered with the circulation in it, or increased the thickness of its tissues, would interfere with the elimination of excrementitious products from the blood of the child. This would bring about a blood condition similar to that met with in Bright's disease, and general anasarca in consequence.

Fracture of the Fœtal Skull by the Forceps.

The *Journal de Médecine et de Chirurgie Pratiques*, quoted in the *Lancet*, records a case of considerable interest. It occurred in the wards of M. Millard in Paris. A rachitic woman had been in labor two days. Expulsive pains recurred at long intervals and were feeble in character. A midwife had ruptured the membranes twenty hours previously. The head was at the brim, which measured $3\frac{1}{2}$ inches in the antero-posterior. Forceps was applied, and after some minutes' traction the operator had a sensation of something giving way. At the same time the head became disengaged. It was, however, soon born, but apparently dead. It was plunged into a bath, and inspiratory efforts soon began. Its cry was scarcely perceptible. The left eyeball was pushed forward and the conjunctiva infiltrated with blood; the right half of the face was

paralyzed; the arm and leg on that side were slightly convulsed. The end of the blade of the forceps pressed unduly on the fronto-parietal eminence. The bone was hard, and had yielded at that spot. It was a comminuted fracture, and not a simple depression. A cephalæmatoma formed at the spot. The pericranium was incised, and the bones raised to their normal level. All the symptoms soon ceased, and the child made an excellent recovery.

Diagnosis of Pleuritic Effusions.

In 1875 Dr. Baccelli, the Professor of Clinical Medicine at Rome, published some papers on the Transmission of Sounds through Endopleural Fluids, in which he maintains that there is a physical sign by which we can distinguish the character of the fluid. The slight vocal vibrations produced by a whisper, he asserts, are differently transmitted to the ear according to the nature of the fluid; through purely serous effusions much more intensely than through sero-fibrinous; while in thick purulent fluids they are entirely, or almost entirely, lost. He formulates the results of his observations thus:

1. The whispered voice-sound is transmitted most clearly through a serous effusion.
2. Through sero-fibrinous effusions the same sound is transmitted more or less clearly according to the point at which we listen; clearly at the upper part, where the fluid is lightest; less clearly lower down, where the fluid is denser; and probably lost altogether at the base.
3. In empyema, the transmission of the whispered voice-sound is reduced to a minimum or altogether lost.

Death Rate of Grocers and Dry Goods Dealers.

The *London Sanitary Record* says:—Recent statistics show that the rate of mortality among grocers is as 76 to 100 among the general population at equal ages, while the death-rate among dry goods dealers is as 108 to 100 by the same standard. On analyzing the cause of this difference it is found that it lies in the mode of living. The principal disease which destroys the dry goods dealer is pulmonary consumption. The explanation is simple: The grocer lives in a shop, the door of which is open the whole day, and he is very active himself in business; the dry goods dealer, on the other hand, lives in a close place, with the doors of his shop closed, and in a dusty and close atmosphere.

CORRESPONDENCE.

Cutler's Invalid's Chair.

ED. MED. AND SURG. REPORTER:—

Permit me to call the attention of the medical profession, through the medium of your extensive circulation, to the very valuable "invalid chair" devised by Dr. Ephraim Cutler, of Cambridge, Mass., a cut of which is herewith fur-



nished, for illustration. I have used this chair, much to my own comfort, for more than eighteen months, and find it to afford more satisfactory changes of position, and more complete repose and muscular relaxation, than any similar device that I have ever seen; and I have sat in many. All easy chairs of this character admit of depressing the back from a vertical position to a horizontal one, and of raising the leg-support from the vertical position to the horizontal, so as to make any angle with the seat that may be desired, or to make a horizontal couch of the chair, when fully extended. The additional advantage possessed by Cutler's chair is that *the seat can be tilted back* from the horizontal position toward the vertical, a movement that, as far as I know, is not possessed by any other invalid chair in the American market. In this country we are fond of raising the knees or the feet to a level higher than that of the pelvis, a position that often relieves fatigue better than any other. The back and the leg-piece of the chair being adjusted to the inclination most comfortable for the occupant, the entire support can be rotated backward, by means of a wheel at the right hand, to any desired extent, so far, even, that the top of the back may touch the ground, should it be desired to depress it that much, as might occur if a patient were fainting. The main weight of the body can thus be thrown upon the back of the chair, affording great relief, in certain conditions, by taking off some of the nervous pressure from the contents of the abdomen and thorax. An attachment can be made to the leg-piece, to maintain extension in

cases of fracture of the lower extremity, and the tilting of the seat back secures counter-extension by the weight of the body, without the necessity of keeping the trunk on a line with the limbs, as when a bed is tilted back for the same purpose. The adjustment of the back and legs, and the revolution of the whole chair about a centre, at the junction of the back with the seat, enables changes of position to be made in a moment, without disturbing the patient, no little relief from the weariness of a fixed position. As a lounging chair, for one's own relaxation, as a convenient chair, for many examinations and operations in one's office, and as an invalid chair, for patients with diseased joints, lungs, heart, or intestines, it deserves to become better known to the profession.

The frame is of iron, strongly made, and is mounted on rollers, and may be finished in cane or upholstered, to suit the taste. The accompanying cut shows the mechanism of the chair so well that a detailed description is unnecessary. The revolution is produced by turning the lever external to the right arm of the chair, and is under control of the occupant (supposing him able to use his right arm), without requiring any change in his position.

Yours truly,

Philadelphia.

J. SOLIS COHEN, M.D.

"Effects of Salicylic Acid.

ED. MED. AND SURG. REPORTER:—

A negro woman of twenty years of age, healthy and robust looking, and in good circumstances, was taken with acute pain in joints of her right arm, with fever, the day before my first visit. The pain in that arm being greatly increased, and other joints in left arm and legs becoming affected, I was called, and found a fully developed case of inflammatory rheumatism. Prescribed five grains of salicylic acid every two hours; nothing else; continued this treatment for seven days; the pains and fever improved the first day; each day brought additional improvement; no pain in region of the heart; sounds natural; patient was supported by milk and broths, from first visit. The cure on the seventh day seemed nearly complete, and marvelous. I was called at daylight of the 8th day (she was only distant about two hundred yards from my house) and found her dead. For half an hour before her death she complained of great pain in her chest and had great difficulty in breathing.

At the same time I was attending a young man of 17 years, for inflammatory rheumatism of both extremities. His heart had been affected by previous attacks of rheumatism. Prescribed salicylic acid in five-grain doses every two hours; the extremities were very much relieved, as also his fever, etc. His heart trouble seemed aggravated just in proportion to the apparent relief in his extremities. Having great confidence in the acid, and believing that it would

aid in the heart trouble, I continued its use, making local applications over the cardiac region, and giving anodynes. On the fifth day my patient suffered so much pain, had so much difficulty in breathing, all his cardiac symptoms seeming aggravated, that I stopped the acid and gave alkalies. In twelve hours after stopping the acid his cardiac troubles improved and he made a good recovery. I attributed his increased suffering to the acid, just as I had the death of the first patient, and believe if the acid had been continued he would have died.

Two months afterward was called to see the patient of another physician, at midnight, his own physician being too unwell to visit him; he was a man of fifty years. He had been sick several weeks, with acute articular rheumatism; for past week had been taking largely of salicin daily. I found him agitated, alarmed, and with great pain in the cardiac region; difficulty in breathing. Anodynes relieved him. The salicin was suspended, and he had no further trouble; he had no cardiac trouble before this attack.

Whether these patients would have so suffered without the acid, can only be guessed at, but in the boy's case the relief to cardiac symptoms was so marked on the cessation of the acid, that I could form no other conclusion but that the acid caused his trouble, in great measure. In the man's case it may have been only an accidental coincidence; but following, as it did, these other cases, it made the impression on my mind deeper, that care should be taken, and the heart should be specially watched and guarded when either of these remedies are used.

Macon, Ga.

CHARLES H. HALL, M.D.

NEWS AND MISCELLANY.

Medical Forecasting.

In his last monthly report as registrar of the city of Providence, Dr. Edwin M. Snow says—

"There are occasional cases of scarlatina in the city; but there is no danger of any great amount of that disease during the present winter. It is not epidemic, and cannot be this winter, and is never sufficiently contagious to spread extensively without epidemic influence."

It would be instructive to the rest of the profession to learn on what grounds so confident a prediction is based. Why a disease cannot be epidemic this winter as much as last or next winter, is a question we should like answered.

Spectacles and Beards in the French Army.

A Paris correspondent says, in a recent letter:—Among the lessons learned by the French in the late Prussian war, is the fact that, with the aid of spectacles, short-sighted soldiers can fight as well as those whose sight is not affected. On the representation of Dr. Perrin, one of the professors of Val-de-Grâce, a ministerial circular authorizes the rank and file,

in common with officers, to wear spectacles whenever considered necessary. The consequence is, that myopic subjects, who used formerly to be rejected, are now enlisted in the French army.

Another ministerial circular, ordering officers and soldiers to wear the moustache and beard, has lately appeared. The latter is to be in the form of a *mouche*, consisting of only a small tuft under the lower lip—the style of the royalists. This was superseded, under the Empire, by a fuller beard, called the "imperial;" but those in the colonies have the option, or not, of wearing the full beard; all officers and soldiers to have their hair cut quite close.

Camp Fever in the Russian and Turkish Armies.

There is no doubt but that malignant typhus, of a most severe form, has been prevailing in both the Russian and Turkish camps, and has extended to the neighboring cities. A telegram from St. Petersburg states that the mortality among the people at Tiflis, from the black pest, is frightful. The pest broke out among the Turkish prisoners interned. Information from the Danube, early this month, distinctly states that the army there has suffered terribly from this pest of camps. At Erzeroum the disease has committed great ravages, and among other victims was Dr. Guppy, an English surgeon sent out by Lord Blantyre.

Origin of Hospitals.

An English writer says that there is little, if any, trustworthy evidence of hospitals among the Jews or the Romans until the fourth century of the Christian era, when, Fabiola, a wealthy Roman lady, built a large hospital outside the city of Rome, and St. Basil established an asylum for the sick in the city of Cæsarea. There can be no doubt that the sick were better cared for after than before the Christian era, but Christians have clearly no right to be considered as the originators of hospitals.

Peculiar People.

There is a sect of religionists of this name in England, who renounce medicine, and trust to prayer exclusively for restoration to health. They have a colony at Coventry, Vermont. One of them was badly hurt by a falling tree, some time ago, and two of the brethren come every day to pray with him. After their prayers they exhort him to "arise and walk," which he tries to do, but has had no marked success thus far.

The Deepest Artesian Well in the World.

Nature says, in a recent issue, "The deepest artesian well in the world is being bored at Pesth, and has reached already a depth of 951 metres. The well at Paris, which measures 547 metres, has hitherto been the first. The work is undertaken by the brothers Zsigmondy,

partially at the expense of the city, which has granted £40,000 for the purpose, with the intention of obtaining an unlimited supply of warm water for the municipal establishments and public baths. A temperature of 161° Fahr. is shown by the water at present issuing from the well, and the work will be prosecuted until water of 178° is obtained. About 175,000 gallons of warm water stream out daily, rising to a height of thirty-five feet. This amount will not only supply all the wants of the city, but convert the surrounding region into a tropical garden.

Source of Artificial Teeth.

Proverbially, 'tis an ill wind that blows nobody good. The Eastern war illustrates this: The price of a human jaw at the seat of war in Bulgaria is, the *London Times* states, 10 francs, more or less. It varies according to the regularity, soundness, and whiteness of the teeth. In Paris, the quotation is fifty per cent. greater, at wholesale rates. The ghastly wares are conveyed in cases containing five hundred, and the teeth are extracted after their arrival at the city to which the jaws are consigned.

Personal.

—In the death of F. V. Raspail, France loses one of her most widely known and eccentric citizens. As a physician he taught, as far back as 1835, the parasitic origin of all diseases, and recommended camphor as the grand antizymotic and panacea. He was considerable of a charlatan, a communist of the ultra school, factious beyond measure, but withal canny enough to die immensely rich—it is said.

—The University of Cambridge has gained additional lustre by having conferred the degree of Doctor of Laws upon Charles Darwin. Late though the title has been bestowed, it will be welcomed as a fitting recognition of one of the foremost philosophers of his age, and it will be regarded as one of those exceptional distinctions which reflect honor both "on him that gives and him that takes."

—Professor Carlo Ghinozzi, the most distinguished physician in Florence, and the highly effective occupant of the Clinical Chair of the Institute, died on Saturday, the 15th ultimo, after a long and painful illness. His funeral will be a public one.

—One of the veterans of French medicine, M. Gintrac, of Bordeaux, Corresponding Member of the Academy of Sciences and Associate of the Academy of Medicine, formerly Professor and Director of the School of Medicine at Bordeaux, has lately died. At an age when most men seek rest from their labors, M. Gintrac commenced the publication of an important work, a *Theoretical and Clinical Course of Pathology and Medical Therapeutics*, in eight octavo volumes, of which seven are published. This work contains upward of sixteen thou-

sand cases observed by the author, in addition to a large number gathered from all available sources of information.

—Dr. M. Asson died lately, at Venice. He was an illustrious surgeon and teacher, and a great man of science and of letters. He was born at Verona, in 1802. He was surgeon-in-chief to the Hospital of Venice, lecturer on Anatomy to the Royal Academy of the Fine Arts, member of the Venetian Institute and of many scientific bodies in Vienna, Berlin, Paris, and London.

—A marble bust has just been publicly inaugurated to F. A. Pouchet, the celebrated defender of spontaneous generation, not, however, on account of his scientific opinions, but in gratitude for the great benefactions he had conferred on the city of Rouen.

Items.

—The Société Nationale des Amis de l'Enfance, while they still deem it undesirable to substitute artificial for the natural feeding of infants, have offered a prize of 300 francs for the best essay on the former. The essays are to be delivered to Dr. Alex. Mayer, 17 Boulevard St. Martin, Paris, before October 31st, 1878.

—A plant with a strange history, and a beautiful plant withal, is figured in the last issue of Hooker's "Icones Plantarum." It is the *Lgmpra Volcanica* (Benth.), Commelinaceæ. Of this curious plant, says Bentham, only a single specimen is known, which was gathered by Hartwig in the crater of the Volcan de Agua, in Central America, at an elevation of 14,000 feet, in August, 1840.

MARRIAGES.

PAWLING-SLINGLUFF.—On the 12th ultimo, at the residence of the bride's parents, Norristown, Pa., by Rev. Thomas S. Yocom, assisted by Rev. Isaac Gibson, Dr. Harry Pawling and Clara, youngest daughter of William H. Slingleuff.

REID-MORGAN.—In New York, on the 20th ult., at Grace Chapel, by Rev. William T. Egbert, Kenneth Reid, m.d., and Mrs. Emma Morgan.

RUSTEDT-GUSHEA.—In Sudbury, Vt., December 5th, by Rev. M. L. Severance, of Orwell, George Rustedt, m.d., of Shrewsbury, and Julia Gushea, of Burlington.

SHEPARD-HORNER.—On Tuesday, December 4th, by the Rev. J. P. E. Kumler, d.d., Dr. Leonard A. Shepard and Miss Ella A., daughter of George S. Horner.

WINSLOW-LEIPER.—On Wednesday, 12th ultimo, by Friends' ceremony, at the residence of the bride's father, Randolph Winslow, m.d., of Baltimore, Md., and Rebecca Fayssoux, eldest daughter of John Chew Leiper, of Lelperville, Delaware county, Pa.

DEATHS.

HASKINS.—On December 20th, 1877, in Empire, McPherson County, Kansas, George Franklin, eldest son of Dr. and Mrs. M. H. Haskins, aged eleven months and twenty days, of membranous croup.